

**MINUTES** of the meeting of the **HEALTH, INTEGRATION AND COMMISSIONING SELECT COMMITTEE** held at 10.00 am on 8 March 2019 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 13 June 2019.

**Elected Members:**

(\* present)

- \* Mrs Mary Angell
- \* Dr Bill Chapman
- \* Mr Nick Darby (Vice-Chairman)
- Mr Graham Ellwood
- \* Dr Zully Grant-Duff (Chairman)
- Mr Graham Knight
- Mrs Tina Mountain
- \* Mr John O'Reilly
- \* Mrs Fiona White
- \* Mrs Clare Curran

**Co-opted Members:**

- Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- Borough Councillor Mrs Rachel Turner, Tadworth and Walton
- \* Borough Councillor David Wright, Tillingbourne

**Substitute Members:**

Mr Tim Hall

**In attendance:**

Helen Wilshaw-Roberts, Strategy & Partnerships Manager – West, SECAMB

Steve Emerton, Executive Director of Strategy and Business Development, SECAMB

Andy Cashman, Regional Operations Manager: West, SECAMB

Sumona Chatterjee, Executive Director of Strategic Commissioning, Surrey Heartlands CCG

Matthew Parris, Healthwatch Surrey

Matthew Tait, Joint Accountable Officer, Surrey Heathlands ICS

Helen Atkinson, Executive Director of Public Health

Martyn Munro, Senior Public Health Lead, Surrey County Council

Sinead Mooney, Cabinet Member for Adults and Public Health

Katy Matthews, Substance Misuse Service Manager, Surrey and Borders Partnership

Sue Murphy, CEO, Catalyst

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*Due to severe traffic issues on the day of the meeting, it was agreed by the Chairman and Vice-Chairman to start the Committee meeting at the later time of 10:15 am.*  
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**22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Mr Tim Oliver, Mr Graham Ellwood, Mr Darryl Ratiram and Ms Rachel Turner.

Mr Tim Hall acted as a substitute for Mr Graham Ellwood.

*Ms Fiona White entered the meeting at 10:20am*

**23 MINUTES OF THE PREVIOUS MEETING: 7 NOVEMBER 2018 [Item 2]**

These were agreed as a true record of the meeting.

**24 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**25 QUESTIONS & PETITIONS [Item 4]**

There were none.

**26 RESPONSE FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

There were none.

**27 SOUTH EAST COAST AMBULANCE SERVICE UPDATE [Item 6]**

**Declaration of Interests:**

None

**Witnesses:**

Helen Wilshaw-Roberts, Strategy & Partnerships Manager – West, SECAmb

Steve Emerton, Executive Director of Strategy and Business Development, SECAmb

Andy Cashman, Regional Operations Manager: West, SECAmb

Sumona Chatterjee, Executive Director of Strategic Commissioning, Surrey Heartlands CCG

Matthew Parris, Healthwatch Surrey

**Key points raised during the discussion:**

1. The report was briefly introduced by the Executive Director of Strategy and Business Development who explained that the Trust had moved from an Inadequate to a Requires Improvement Care Quality Commission (CQC) rating.
2. Witnesses were asked for an update on the new executive team employed by the Trust. It was explained that the previous Chief Executive, Daren Mochrie, had taken on a new role and Dr Fionna Moore would be acting as the SECamb Interim Chief Executive. A new Chief Executive had been appointed and the Executive Director of Strategy and Business Development would update the Committee on the progress of this appointment in due course.
3. It was confirmed that following the Demand and Capacity Review, it was recognised that a significant amount of investment was required to see improvements in the Trust. A contract variation agreed with the commissioners has placed a significant investment in the Trust for 2018 / 2019 and continues into 19/20 and 20/21. The investment in the Trust is dependent on the current contract review process and would be around £34-43million growth per annum over the next two years
4. It was queried how much emphasis was given to triage by the Trust as it seemed to work well with the Crawley Ambulance triage programme. The Strategy & Partnerships Manager – West explained that the Crawley Ambulance triage programme had been successful in helping with the current gap in crisis response teams and the ability for an emergency response for people suffering a mental health crisis. The model consists of an advanced mental health practitioner and a paramedic that respond to calls. The result had been effective assistance had been provided and the Trust was working with Sussex Partnership and Foundation Trust to assess the most appropriate model of care for people experiencing such emergency crisis - this would then be assessed for wider rollout requirement further across Surrey and Kent.
5. It was explained that the Targeted Dispatch Model would ensure the right resources get to the right places and people. There was a concern there will be a greater number of people being conveyed to the acute centres as resources available to the Trust improve. It was added that there were now midwives in the control centre environment for the Surrey Heartlands area which would reduce the number of conveyances to hospitals and this would be extended to Sussex and Kent in due course.

*Zully Grant-Duff arrived at the meeting at 10.35am*

6. It was queried what issues were stopping the Trust from improving ambulance response times and how these were being tackled. The Regional Operations Manager – West explained that the investment secured had enabled the Trust to secure additional resources and make improvements. The demands on the Trust had been modelled

from historic data and rotas had been re-profiled for operational staff. Hospital handover work had been done and has seen significant improvements in turnaround times but continues to be an issue in winter periods. The introduction of the national Ambulance Response Programme (ARP) has allowed the Trust to think about how calls are triaged with more time being available to make decisions. It was added that improvements are regularly monitored with commissioners as part of an action plan. The Executive Director of Strategic Commissioning stated that the operational workforce trajectory was recognised as an important factor for improvement and circa 2000 operational staff, including over 1000 paramedics, would be operational in total to deliver key standards. Resources will include those secured via private ambulance providers.

7. It was confirmed that staffing had been included within the Demand and Capacity Review and investment for this had been agreed.
8. There was a discussion around the particular difficulties the Trust was facing with trying to improve C3 and C4 ambulance response times and the role of non-emergency transport vehicles in this. The Trust recognised that it was unacceptable that there were long delays with C3 and C4 calls. It was explained that lower category calls into the control centre were regularly reviewed and re-categorised if needed, and that call-backs were made where appropriate and followed with situation updates. It was explained that an audit of decisions taken by call takers was undertaken regularly to ensure decisions taken were appropriate.
9. A Member of the Committee queried the ambulance quality indicators in Table 2a of the report asking when the Trust would see an improvement of performance for all call categories and, also, how the Trust was addressing the 'Must do' actions raised in the CQC report. It was explained that there was a great amount of activity being undertaken to improve process, oversight of call handling and the deployment of clinicians especially in the control centre environment. There were plans to bring 38 nurses into the control centre environment. There was currently a lot of work going on to improve performance across the Trust.
10. The representative from Healthwatch Surrey explained that there was a wide variation of patient experiences with SECamb services. They gave the example of a lady who had fallen over and waited over four hours for an ambulance, which highlighted the issues of long waiting times. They explained that in contrast good feedback had been received on the conduct and professionalism of ambulance staff.
11. Members of the Committee congratulated the Trust on the improvements to the service.
12. The Executive Director of Strategy and Business Development stated that compliance would be delivered with Category 1,2,3,4 calls in Quarter 1 of 2019/20, all things being equal. Weekly discussions are being held with NHS commissioners to reflect on the challenges in achieving this. The Executive Director of Strategic Commissioning stated that work was being undertaken with SECamb regularly to ensure ARP standards were met. The issues of call stacking will be addressed, as ARP standards were met.
13. With regards to how the Trust can give assurance it would be fit for the future, it was explained that work was being undertaken with commissioners and partners to shape the future of the Trust. The five

year strategic plan is currently being refreshed and allows the Trust to think about shaping pathways for the future.

**Actions/further information to be provided:**

None

**Resolved:**

For the Health, Integration and Commissioning Select Committee to receive an update report on the performance of SECAMB in September 2019. For this report to include an update on:

- the Performance of all Categories (1,2,3,4) of ambulance response times,
- the work of the new Chief Executive since joining the Trust and governance arrangements,
- recruitment, hospital handover times and any funding issues.

**28 DRAFT JOINT HEALTH AND WELLBEING STRATEGY FOR SURREY [Item 7]**

**Declaration of Interests:**

None

**Witnesses:**

Matthew Tait, Joint Accountable Officer, Surrey Heathlands ICS

Helen Atkinson, Executive Director of Public Health

Matthew Parris, Healthwatch Surrey

**Key points raised during the discussion:**

1. It was explained that the draft Joint Health and Wellbeing Strategy for Surrey was currently out for public engagement and the purpose of the meeting was for the Committee to comment on the draft strategy as well as to put forward specific questions.
2. There was concern around the governance arrangements as part of the monitoring of the strategy delivery. Members commented that there did not seem to be clear lines of accountability within the strategy for the outcomes identified. The Executive Director of Public Health stated that the governance for the draft strategy sat with the Health and Wellbeing Board which both ICSs, Surrey Heartlands and Frimley Health and Care, and the East Surrey & Sussex STP are Members of. Work would be undertaken over the next month to collate engagement feedback and map out priorities alongside existing provision. This mapping of services will be used to review current governance arrangements. The final strategy will be signed off by the Health and Wellbeing Board in April. Sponsors from the Board would be sought to champion priorities and outcomes within the strategy.

3. The Joint Accountable Officer reassured the Committee that work on governance within the strategy was Surrey-wide. The officer was keen to ensure the right challenge with regards to responsibility for delivery was in place alongside the strategy.
4. The Joint Accountable Officer stated that the deliverables in the strategy were cross-organisation and the challenge would be how to get stakeholders working together in partnership. It was added by the Executive Director of Public Health that there had been unprecedented partnership working when developing the strategy.
5. In regard to NHS property, the Joint Accountable Officer explained that the culture of work across the NHS had improved and this would support any property discussions taking place. Devolution would allow for more discussions to take place around NHS property decision making as so far limited progress had been made.
6. It was queried what steps would be taken to ensure the strategy is delivered to residents on the ground. The Joint Accountable Officer stated that by having a better joined up strategy, outcomes for the population in Surrey would be improved. Challenges around mental health had been raised but working together had resulted in a better approach and better outcomes. The Executive Director of Public Health stated that the strategy was a long term plan which would target deprived groups within the population.
7. A concern was raised around the five population groups contained within the draft strategy and in particular the fact that people with mental health were not specifically identified as one of the five population groups. It was added that the system capabilities section of the draft strategy was difficult to grasp with many high level statements being made.
8. Members recognised that the overall responsibility of the draft strategy sat with the Health and Wellbeing Board but felt that the various organisations who sat on the Board should take a lead in delivering various aspects of the draft strategy. The Joint Accountable Officer agreed that this observation was being addressed but cross-organisational challenge was essential for the draft strategy to be a success.
9. There was consensus amongst the Committee that there did not seem to be much mention about mental health in the draft strategy and it was further queried if this would be refined. It was mentioned that the NHS long term plan clearly identifies funding for mental health and hence the strategy should follow on and make clearer the plans for mental health. The Executive Director of Public Health commented that mental health had been included as part of the overarching second priority in the draft strategy, 'Supporting the emotional wellbeing of people in Surrey'. Officers had looked at the Joint Strategic Needs Assessment and evidence from this showed that mental health had a great impact on Surrey residents, hence why it had been included within the second priority. It was explained that throughout all five population groups mental health is implicitly referred to. There was an agreement that mental health should be made more explicit throughout the strategy.
10. It was commented the building capabilities for each of the population groups within the strategy seem largely generic and queried if they would be refined before the strategy is approved.
11. In terms of the identification of the five population groups, the Executive Director of Public Health clarified that data underpinned the

- five population groups chosen and that these groups had the biggest impact in terms of the population.
12. There was a suggestion that there should be more information in the draft strategy around funding for mental health and an explanation as to how this funding would be used. The Joint Accountable Officer agreed that mental health investment would be embedded in the response of commissioners to the NHS 10-year plan and stated he would take away the comments raised by the Member about inclusion of funding within the draft strategy.
  13. The Healthwatch representative queried if there was a legal duty to consult on the draft strategy, how information from the public engagement would be used to influence the strategy and if there were more detailed plans in place to speak to various other population groups. The Executive Director of Public Health explained that a public engagement exercise was being undertaken with the draft strategy and not a public consultation. A public consultation would be required for the next phase of the strategy. It was added that engagement would be key when co-designing services as part of the delivery of outcomes within the strategy. A great amount of work had been undertaken with stakeholders including patient groups and residents to ensure this feedback is taken on board.

*Cllr Mary Angell left the meeting at 12:15*

14. In terms of the target performance levels included for each outcome identified, it was commented that these seemed very ambitious and it was queried what methodology had been used to arrive at these target levels. The Executive Director of Public Health explained that these target levels were just a starter and as work began metrics would become more defined. Existing national indicators had also been used to support the target performance levels.
15. It was queried if the indicators in the strategy would be adapted to local challenges. In response, it was explained that a performance dashboard would be used with live data. Local evidence would be used to support this dashboard. It was explained that target performance levels were based on national comparators and had also been tested at workshops. A financial model also supported the target performance levels.
16. It was explained that the strategy would be reviewed when the social care green paper was published.
17. It was explained that the implementation and delivery of the strategy would be scrutinised by the Select Committee going forward. The Chairman proposed that a letter with the Select Committee's comments on the draft strategy is sent to the Chairman of the Health and Wellbeing Board for consideration.

**Actions/further information to be provided:**

None

**Resolved:**

For the Health, Integration and Commissioning Select Committee to write a letter to the Chairman of the Health and Wellbeing Board with comments raised on the draft Joint Health and Wellbeing Strategy for Surrey.

## 29 SUBSTANCE MISUSE SERVICE REPORT [Item 8]

### **Declaration of Interests:**

None

### **Witnesses:**

Martyn Munro, Senior Public Health Lead, Surrey County Council

Helen Atkinson, Executive Director of Public Health

Sinead Mooney, Cabinet Member for Adults and Public Health

Katy Matthews, Substance Misuse Service Manager, Surrey and Borders Partnership

Sue Murphy, CEO, Catalyst

Matthew Parris, Healthwatch Surrey

### **Key points raised during the discussion:**

1. It was queried what impact out of county services have had on patients since the closure of Windmill House and what steps were being taken to ensure these out of county services were being monitored. The Substance Misuse Service Manager explained that the model of detoxification had changed from 1 July 2018 and the new model included a mix of ambulatory and out of county services. Out of county services had been spot purchased from Bridge House in Kent, which has received an outstanding grading from the CQC and has a good reputation for providing outstanding services. It was added that for patients who required more than an hour's travel to reach ambulatory services, spot purchasing from Bridge House could be organised, although this was considered on a case by case basis.
2. A Member of the Committee queried what lessons the adult substance misuse treatment team had learnt from the integration of sexual health and HIV services in Surrey as mentioned in the introduction of the report. The Executive Director of Public Health stated that a great amount of work had been done to consult with service users and patients. Joint work had also been undertaken with NHS commissioners and Providers. The Cabinet Member added that the work of the sexual health services task group had a positive impact on the work of the team, ensuring that discussions with people impacted by the service took place.
3. There was a discussion around the increased use of opiates in the USA. It was queried how resilient the service would be if there was an increase in opiate use in Surrey. The Senior Public Health Lead explained that locally the medicine management team had not highlighted any hotspots for opiate use in Surrey. Work was also being undertaken with local acute teams to understand how best to work collaboratively to support teams further in the field of opiate use. Nationally access to opiate treatment was at a decline but in Surrey there has been an increase in the number of people accessing opiate



treatments. It was added that there were a number of satellite prescribing services for opiate users in Surrey although there was an ongoing challenge with recruiting prescribing staff.

4. The Healthwatch representative explained that a number of positive comments had been received on the i-access treatment with the needs of service users being adequately met. There was some concern around a single point of contact for service users and also some anxiety around the move of in-patient services, although this was not deemed to be detrimental. Overall the comments from service users was very positive.

*Dr Bill Chapman left the meeting at 12.52.*

5. It was explained that service user feedback was collated through the 'Your Views Matter' survey which was collated regularly. Feedback was also collated through telephone surveys. This data was then reported to Public Health quarterly. There were also peer mentors in the service who delivered smart groups and were very active in relaying how better to provide services. In terms of overall performance monitoring, a quarterly contract review meeting is undertaken which also includes patient feedback. The service is able to monitor the speed of access to treatments, with the average being 14 days in Surrey.
6. The CEO of Catalyst explained the benefits of peer mentoring and explained some positive work had been undertaken with Woking Borough Council. An accredited programme for those taking part in peer mentoring was being organised.
7. There was a discussion around recruitment. It was explained that at present there were no plans to second any employees from the substance misuse team to the family safeguarding team, although this model was wholly supported.
8. Concern was expressed around the cost pressures of Buprenorphine and the impact this will have on patient treatment. The Substance Misuse Service Manager explained that a number of alternative manufacturers were offering a rebate on different drugs that could be used instead of Buprenorphine and were just as effective. This would be rolled out from April 2019 and would therefore mitigate some cost pressures. The Senior Public Health Lead stated that with the new partnership model in place there was now an open accounting system in place. This has allowed partners to respond effectively to the £220k cost pressure at year end.

**Actions/further information to be provided:**

None

**Resolved:**

The Health, Integration and Commissioning Select Committee:

- I. noted the progress made in the changes to the adult substance misuse treatment system and positive comments from Healthwatch Surrey;

- II. invite the Programme Board to update the Committee on:
  - a. the Drug and Alcohol Detoxification Service Evaluation scheduled to be published in October 2019.
  - b. performance of the adult drug and alcohol misuse treatment system.

**30 HEALTH, INTEGRATION AND COMMISSIONING SELECT COMMITTEE BULLETIN [Item 10]**

**Declarations of Interests:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

1. The Chairman agreed to consider the bulletin before the forward plan item as the content on the bulletin could potentially have an impact on the items to be considered by the Committee going forward.
2. The item was introduced by the Chairman of the Select Committee who advised that the bulletin was a means of keeping Members updated regarding the work she had undertaken between Select Committee meetings.
3. There were no comments on the bulletin.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Health, Integration and Commissioning Select Committee noted the Select Committee bulletin.

**31 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]**

**Declarations of Interest:**

None

**Witnesses:**

None

**Key points raised during the discussions:**

1. There were no comments raised on this item.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Health Integration and Commissioning Select Committee reviewed items that it is due to consider at future meetings and reviewed progress against actions and recommendations as captured within the Committee's Recommendations Tracker.

**32 MAPPING THE PATIENT'S JOURNEY THROUGH ADULT MENTAL HEALTH SERVICES IN SURREY- TASK AND FINISH GROUP SCOPING DOCUMENT [Item 11]**

**Declarations of Interest:**

None

**Witnesses:**

None

**Key points raised during the discussions:**

1. The Vice-Chairman explained that as the Democratic Services Officer who worked on the Committee had left the organisation, the timetable included within the scoping had been pushed back. Recruitment was underway for committee support. A meeting with SaBP has been set up for April to discuss pathways in more detail.
2. The importance of this piece of work was reiterated by the Chairman.
3. The Healthwatch representative agreed that Healthwatch would be happy to support this task group in whatever way it can.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Health Integration and Commissioning Select Committee noted the task and finish group scoping document.

**33 DATE OF THE NEXT MEETING [Item 12]**

The next meeting of the Select Committee will be held at 10.00am on Thursday 13 June in the Ashcombe Suite at County Hall.

Meeting ended at: 13:00

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**Chairman**

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